United States District Court

for the

Eastern District of New York

| Dale Layne, on behalf of himself and all others similarly situated, |))) | |
|---|----------------------|------------|
| Plaintiff(s) V. |)) Civil Action No. | 25-cv-1768 |
| Leroys Place, LLC, |) | |
| |) | |
| |) | |
| Defendant(s) |) | |

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Leroys Place, LLC 211 Madison AVE, APT 32B New York, NY10016

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney,

whose name and address are: Rami Salim

Stein Saks, PLLC

One University Plaza, Suite 620 Hackensack, New Jersey 07601

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

03/31/2025 Date:

BRENNA B. MAHONEY CLERK OF COURT

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Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| was re | This summons for (na | ume of individual and title, if any | y) | | |
|--------|--|-------------------------------------|---------------------------------|------|--|
| | • | d the summons on the indi | vidual at (place) | | |
| | | | on (date) | ; or | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | |
| | on (date), a person of suitable age and discretion who resides there, on (date), and mailed a copy to the individual's last known address; or | | | | |
| | ☐ I served the summons on (name of individual) , who designated by law to accept service of process on behalf of (name of organization) | | | | |
| | on (date) | | | | |
| | ☐ I returned the sum | ; or | | | |
| | ☐ Other (specify): | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | |
| | I declare under penalty of perjury that this information is true. | | | | |
| Date: | | | Server's signature | | |
| | | | server s signature | | |
| | | | Printed name and title | | |
| | | _ | Server's address | | |

Additional information regarding attempted service, etc: